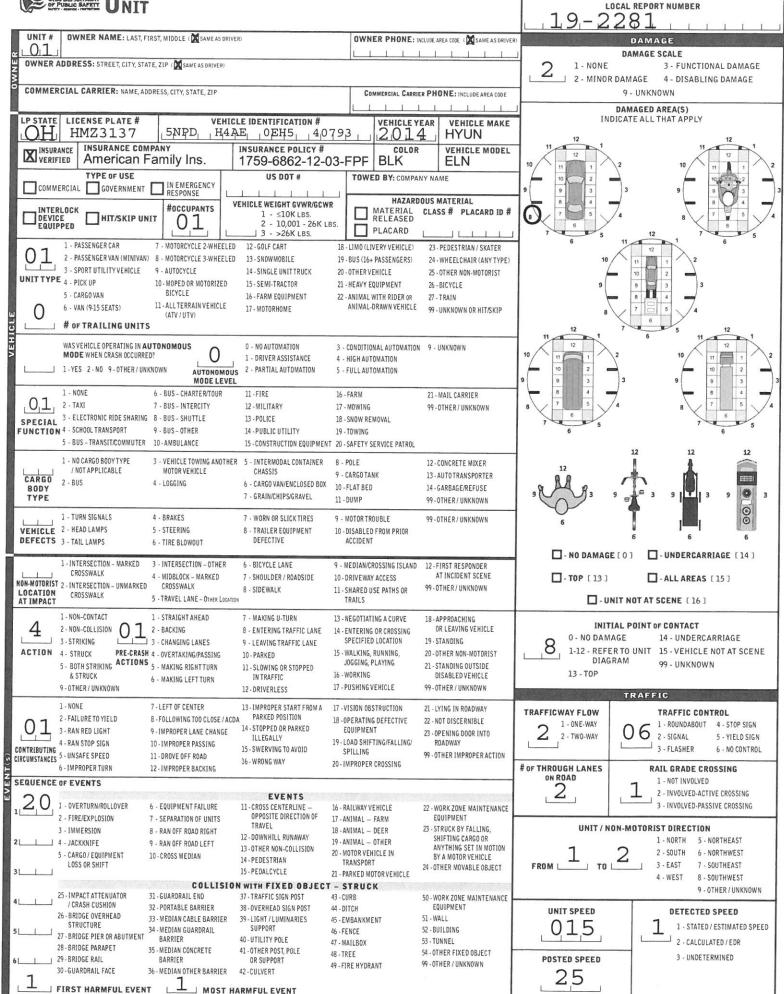
OHIO DEPARTMENT	_	_											
*Denotes Mandatory Field for Supplement Report  TO 1912 TO 1912 LOCAL INFORMATION							19-2		NUMBER*				
PHOTOS TAKEN ON 12 OTHER PEROPTING ACENCY NAMES							<del></del>	<del></del>					
SECONDARY CRA	ASH 😾		Canal Fulton Poli		nent	0,7,6,0,3	1 - SOLVED	02	02. 98-	ANIMAL			
	1 - CITY		VILLAGE, TOWNSHIP*	•			CRASH DATE	TIME*	CRASH SEVER				
	3-TOWNSHIP NUMBER PREFIX	anal Fulte	OCATION ROAD NAME						2 - SERIOUS				
ROUTE TYPE ROUTE	I I I II I	2-SOUTH 3-EAST	CANAL			ROAD TYPE ST	40 88	9036	3 - MINOR IN	JURY			
	NUMBER PREFIX	1 - NORTH R	EFERENCE ROAD NAME (	ROAD, MILEPOST	, HOUSE #)	ROAD TYPE	LONGITUDE	DECIMAL DEGREES					
ROUTE TYPE ROUTE		2 - SOUTH 3 - EAST 4 - WEST	210 Canal St.			-81, 59'	7277	5 - PROPERTY	Y DAMAGE				
REFERENCE POINT  1 - INTERSECTION	EDOM DEEEDENCE		ROUTE TYPE  ITERSTATE ROUTE(TP)	AL - ALLEY	ROAD TYPE		INTERSECTION RELATED						
3 2- MILE POST	EDERAL US ROUTE	AV - AVENUE	HW- HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTERSECTION OR ON APPROACH								
DISTANCE	DISTANCE	EST SR - S'	FATE ROUTE	CR - CIRCLE	D MP-MILEPOST OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTE	RCHANGE AREA	NUMBER OF APP	PROACHES			
FROM REFERENCE	UNIT OF MEASI	URE	UMBERED COUNTY ROUTE UMBERED TOWNSHIP	CT - COURT	PK - PARKWAY	TL - TRAIL	ROADWAY						
0	2-FE 3-YA	ET R	DUTE	DR - DRIVE HE - HEIGHTS	PI - PIKE PL - PLACE	WA - WAY	ROADWAY DI	VIDED					
1 - ON ROAD	ION OF FIRST HAR	MFUL EVENT CROSSOVER	1		SH COLLISION/II		DIRECTION OF TRAVE	i.L	MEDIAN TYPE				
O 1 2 - ON SHOUL	LDER 10	- DRIVEWAY/AL	LEY ACCESS 6	NOT COLLISION BETWEEN TWO MOTOR	5 - BACKING	AK	2 1-NORTH			IAN			
3 - IN MEDIA 4 - ON ROADS		- RAILWAY GRA - SHARED USE	Control of the Contro	VEHICLES IN TRANSPORT	6-ANGLE 7-SIDESWIPE,	SAME DIRECTION	HIT/SKIP 1-SOLVED 2-UNSOLVED 1-SOLVED 1						
5 - ON GORE 6 - OUTSIDE	TRAFFIC WAY 13	TRAILS - BIKE LANE		REAR-END HEAD-ON	8 - SIDESWIPE, 9 - OTHER / UNK	OPPOSITE DIRECTION	4-WEST						
7 - ON RAMP 8 - OFF RAME		-TOLL BOOTH -OTHER/UNKN		TERP ON	7-011IER/ONK	NOWN		(A	NY TYPE)	JIAN .			
WORK ZONE REL	·		VORK ZONE TYPE	LOCAT	ON OF CRASH IN	WORK ZONE	CONTOUR			FACE			
		1 - LA	NE CLOSURE		L-BEFORE THE 1	ST WORK ZONE	2	. 1	2	I			
WORKERS PRESENT  2 - LANE SHIFT/CROSSOVER  3 - WORK ON SHOULDER  2 - ADVANCE WARNING  2 - ADVANCE WARNING  3 - WORK ON SHOULDER						NING AREA	1 - STRAIGHT LEVEL	1 - DRY	1 - CONCRE	ETE			
			MEDIAN ERMITTENT OR MOVING V		3 - TRANSITION A 4 - ACTIVITY ARE								
ACTIVE SCHOOL	ZONE	5 - OTI	HER		- TERMINATION	AREA			ASPHA	LT			
LIGHT 1 - DAYLIGHT	CONDITION			ATHER			9 - OTHER/UNKNOWN		PT				
2 - DAWN/DUS			1 - CLEAR 2 - CLOUDY		E CROSSWINDS				DINC				
3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 3 - FREEZING 4 - RAIN 9 - FREEZING					NG SAND, SOIL, D NG RAIN OR FRE					UNKNOWN			
5 - DARK – UN 9 - OTHER / UN	KNOWN ROADWAY	LIGHTING	5 - SLEET, HAIL		R/UNKNOWN				WN				
NARRATIVE					LTIT			17171	Indicate	the north			
Unit 1 was travelin	ng southbound	on S. Cana	ST. approaching the	intersection					direction	n with			
at Poplar ST. Unit	t 2 was stoppe	d on Poplar	ST. preparing to male arked vehicles the di	ce a					compass	diagram.			
2's vision was obs	cured. Unit 2	did not see	Jnit 1 approaching au drivers side. This did	tuo bellua br									
minimal damage to	o both vehicles	s. There we	re no injuries in eithe	r Unit. Unit 2			1	Not To Scale					
was marked at fau		•					A			-			
The driver of Unit 2 the parked cars.	2 was not cited	due to the	poor visual conditions	s caused by	-		Popis	r ST.		-			
					-	Bo				_			
						1	Unk 2			1-			
					-								
						Canal	210 S. Canar ST.						
						ui ui							
CRASH REPORTED		DISF	ATCH DATE / TIME	AR	RIVAL DATE / TIN	ME .	SCENE CLEARED D	ATE / TIME	REPORT TAKE	N BY			
05142019	1509	0,5,1,4,2	2019,1518	0514	2019 1	518 0	5142019	1529	POLICE AGE	NCY			
TOTAL TIME ROADWAY CLOSED INV	OTHER ESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME*	IOCHIIA		CHECKED BY OFFICE			MOTORIST				
			BARABASCH,	BADGE NUMBER	*	WILSON,	SARA  OFFICER'S BADGE NI	JMBER*	SUPPLEMEN (CORRECTION OF TO AM EXISTING REPORT	RADDITION			
				1 , 2	2 , 8 , ,	1	l l	3 , 3 ,					

HSY7001 OH1 1/19 [760-0820]







19-2281 OWNER NAME: LAST, FIRST, MIDDLE ( SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE ( SAME AS DRIVER) DAMAGE 0.2 DAMAGE SCALE OWNER ADDRESS: STREET, CITY, STATE, ZIP ( SAME AS DRIVER) 1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE DAMAGED AREA(S) INDICATE ALL THAT APPLY VEHICLE MAKE LP STATE LICENSE PLATE # **VEHICLE IDENTIFICATION #** VEHICLE YEAR E9F7 XF11 86123 **FORD** NMOG. 2015 BX62WJ INSURANCE VERIFIED INSURANCE COMPANY INSURANCE POLICY # COLOR VEHICLE MODEL SIL The Cincinnati Ins. Co. A02 0255598 CHT TYPE OF USE US DOT # TOWED BY: COMPANY NAME GOVERNMENT IN EMERGENCY RESPONSE COMMERCIAL 1 1 HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS MATERIAL CLASS # PLACARD ID # INTERLOCK 1 - ≤10K LBS. HIT/SKIP UNIT DEVICE EQUIPPED RELEASED 02 2 - 10,001 - 26K LBS PLACARD 3 - >26K LBS. 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 18 - LIMO (LIVERY VEHICLE) 12 - GOLF CART 23 - PEDESTRIAN / SKATER 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13-SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 9 - AUTOCYCLE 14 - SINGLE UNITTRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE BICYCLE 5 - CARGO VAN 16 - FARM FOUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP (ATV / UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION J 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 1 - NONE 6 - BUS - CHARTER/TOUR 11 -FIRE 16 - FARM 21 - MAIL CARRIER 1011 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99-OTHER/UNKNOWN SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POI F 12 - CONCRETE MIXER / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGO TANK 13 - AUTOTRANSPORTER CARGO 2 - BIIS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 10 - FLAT BED 14 - GARBAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 00 1 - TURN SIGNALS 4 - BRAKES 9 - MOTOR TROUBLE 7 - WORN OR SLICK TIRES 99 - OTHER / UNKNOWN VEHICLE 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10 - DISABLED FROM PRIOR DEFECTIVE DEFECTS 3 - TAIL LAMPS ACCIDENT 6 - TIRE BLOWOUT - NO DAMAGE [ 0 ] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 12 - FIRST RESPONDER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND CROSSWALK AT INCIDENT SCENE 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE \_-TOP [ 13 ] -ALL AREAS [15] 10 - DRIVEWAY ACCESS NON-MOTORIST 2 - INTERSECTION - UNMARKED CROSSWALK 99 - OTHER / UNKNOWN 8 - SIDEWALK 11 - SHARED USE PATHS OR LOCATION AT IMPACT CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION - UNIT NOT AT SCENE [ 16 ] TRAILS 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING INITIAL POINT OF CONTACT 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING OR LEAVING VEHICLE 06 0 - NO DAMAGE 14 - UNDERCARRIAGE SPECIFIED LOCATION 19-STANDING J 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE 20 - OTHER NON-MOTORIST PRE-CRASH 4 - OVERTAKING/PASSING 15 - WALKING, RUNNING. 4 - STRIICK 10 - PARKED DIAGRAM JOGGING, PLAYING 99 - HNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHTTURN 21 - STANDING OUTSIDE 11 - SLOWING OR STOPPED 13 - TOP 16 - WORKING DISABLED VEHICLE & STRUCK INTRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99 - OTHER / LINKNOWN 9 - OTHER / UNKNOWN 12 - DRIVERLESS TRAFFIC 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 18 - OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 1 - ONE-WAY 1 - ROUNDABOUT 4 - STOP SIGN 14 - STOPPED OR PARKED 2 EQUIPMENT 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 23 - OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 3 - FLASHER 6 - NO CONTROL CONTRIBUTING CIRCUMSTANCES 5 - UNSAFE SPEED SPILLING 99 - OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6 - IMPROPER TURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING EVENTS 3 - INVOLVED-PASSIVE CROSSING 1 - OVERTURN/ROLLOVER 6 - EQUIPMENT FAILURE 11 - CROSS CENTERLINE -16 - RAILWAY VEHICLE 22 - WORK ZONE MAINTENANCE OPPOSITE DIRECTION OF EQUIPMENT 2 - FIRE/EXPLOSION 7 - SEPARATION OF UNITS 17 - ANIMAL - FARM TRAVEL UNIT / NON-MOTORIST DIRECTION 23 - STRUCK BY FALLING 18 - ANIMAL - DEER 3 - IMMERSION 8 - RAN OFF ROAD RIGHT 12 - DOWNHILL RUNAWAY SHIFTING CARGO OR 1 - NORTH 5 - NORTHEAST 19 - ANIMAL - OTHER 1 4 - JACKKNIFE 9 - RAN OFF ROAD LEFT ANYTHING SET IN MOTION 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN 2 - SOUTH 6 - NORTHWEST 5 - CARGO / EQUIPMENT 10 - CROSS MEDIAN BY A MOTOR VEHICLE 14 - PEDESTRIAN TRANSPORT 3 - FAST 7 - SOUTHEAST 24 - OTHER MOVABLE OBJECT 15 - PEDALCYCLE 21 - PARKED MOTOR VEHICLE 4 - WEST 8 - SOUTHWEST COLLISION WITH FIXED OBJECT - STRUCK 9 - OTHER / UNKNOWN 50 - WORK ZONE MAINTENANCE 25 - IMPACT ATTENUATOR 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB / CRASH CUSHION EQUIPMENT 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH UNIT SPEED **DETECTED SPEED** 26 - BRIDGE OVERHEAD 51 - WALL 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES 45 - EMBANKMENT 1 - STATED / ESTIMATED SPEED STRUCTURE 010 SUPPORT 52 - BUILDING 34 - MEDIAN GUARDRAIL 46 - FENCE 27 - BRIDGE PIER OR ABUTMENT BARRIER 40 - UTILITY POLE 2 - CALCULATED / EDR 53 - TUNNEL 47 - MAILBOX 28 - BRIDGE PARAPET 35 - MEDIAN CONCRETE 41 - OTHER POST, POLE 54 - OTHER FIXED OBJECT 48 - TREE 3 - UNDETERMINED POSTED SPEED 29 - BRIDGE RAIL BARRIER 99 - OTHER / UNKNOWN 49 - FIRE HYDRANT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 25 J FIRST HARMFUL EVENT MOST HARMFUL EVENT

LOCAL REPORT NUMBER

OHIO DI	EPARTMENT V	OTORIST / N	on-N	Тото	RIS	т				1 1	9 –	2,2,8	REPORT I	NUMBER				
0 1	IT # NAME: LAST, FIRST, MIDDLE  1 HAIR, CATHY M									DA	TE OF BIRT	н		AGE 53	GENDER			
ADDRESS	ADDRESS: STREET, CITY, STATE, ZIP									1	CONTACT PHONE - INCLUDE AREA CODE							
929 1	929 11TH ST MASSILLON OH 44646											30 265-		1				
	S INJURED EMS AGENCY (NAME) TAKEN BY				INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 04						DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPI					TRAPPED 1		
OL STATE	OPERATOR	OFFEN	SE CHA	HARGED LOCAL OFFENSE DESC			RIPTION CITATION NUMBER											
ol class				VER TRACTED				condition 1		ALCOHOL TEST DRUG TEST(S) STATUS TYPE VALUE STATUS TYPE RESULT  1 1 1 1				) T SELECT UPTO 4				
# TINU		T, FIRST, MIDDLE									TE OF BIRT		T	AGE	GENDER			
	02 SCHNEIDER, RONALD E									04071941 78 M								
	STREET, CITY, S	STATE, ZIP GE HILL ST MASSI	LLON C	)H 446	646					CONTACT PHONE - INCLUDE AREA CODE 330 833-1459								
5	INJURED	EMS AGENCY (NAME)			1012000	: MEDICAL	FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR RAG USAGE EJECTION TRAPPED								
5 OL STATE	TAKEN	I ICENCE NUMBER		OFFEN	USED 04				MC HELMET 01 1 1						_1_			
**	*****	LICENSE NUMBER		OFFENS	SE CHAI	RGED		LOCAL	OFFENSE DESC	RIPTION			CIT	CITATION NUMBER				
ol class	SELECT UPTO 2 DI			TRACTED		OHOL / DRU LCOHOL	MAF					TOP OF THE STATUS TYPE RESULT SELECT UP TO STATUS TYPE RESULT SELECT TYPE RESULT TYPE RESULT SELECT TYPE RESULT TYPE RESULT TYPE RESULT TYPE RESULT TYPE RESULT TYPE RE						
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE					THER DRUG	G				DATE OF BIRTH AGE					GENDER		
ADDRESS: STREET, CITY, STATE, ZIP										CONTA	CT PHONE	- INCLUDE ARI	EA CODE					
<u>-</u>	INJURIES INJURED EMS AGENCY (NAME)				AKEN TO	: MEDICAL F	FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					TRAPPED			
OL STATE	BY			OFFENSE CHARGED LOCAL OFFENSE DESCR				MC HELMET										
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≥ OL CLASS	SELECT UP TO 2			No. Commission and Co		CHOL / DRU LCOHOL			CONDITION	STATUS	TYPE	VALUE	STATUS		RESULT	SELECT UP TO 4		
					01	THER DRUG										لــالــا		
INJU 1-FATAL	RIES	1-FRONT - LEFT SIDE	1 - NOT DEPL	IR BAG LOYED		1 - CLASS A	L CLASS		1 - ALCOHOL INTERL	Charles San Contract	_	ER DISTRACTED	ACTION		EST STAT	rus		
2 - SUSPECTED		(MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE	2 - DEPLOYE			2 - CLASS B			2 - CDL INTRASTATE	ONLY	2 - MA	NUALLY OPERA			REFUSED			
3 - SUSPECTED I		3 - FRONT - RIGHT SIDE	3 - DEPLOYE 4 - DEPLOYE		IT / SIDE	3 - CLASS C 4 - REGULA			3 - CORRECTIVE LEN 4 - FARM WAIVER	ISES	DE	ICE (TEXTING,			FGIVEN, CONT PLE / UNUSAE			
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APPL			(OHIO =	D)		5 - EXCEPT CLASS A	BUS		LING) KING ON HANDS	S-FREE	4 - TEST GIVEN, RESULTS KNOWN				
			9 - DEPLOYM	IENT UNKNO	WN	5 - M/C MOF 6 - NO VALII			6 - EXCEPT CLASS A & CLASS B BUS			MUNICATION D KING ON HAND-		5 - TEST GIVEN, RESULTS UNKNOWN				
1 - NOT TRANSPO		6 - SECOND - RIGHT SIDE		2021011					7 - EXCEPT TRACTOR	R-TRAILER		MUNICATION D		ALCO	)HOL TES	TTYPE		
/TREATED AT 2 - EMS	SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	TED		H - HAZMA	DORSEN T	IENT	8 - INTERMEDIATE L RESTRICTIONS	ICENSE		ER ACTIVITY W		1 - NONE				
3-POLICE		8 - THIRD - MIDDLE 2 - PARTIALLY EJECTED			JECTED M - MOTORCYCLE 9 - LEAR				9 - LEARNER'S PERMIT 6 - PASS		ASSENGER 2 - BLOOD							
9 - OTHER / UNK	NOWN	9-THIRD-RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY EJECTED 4 - NOT APPLICABLE			P - PASSENGER			RESTRICTIONS  10 - LIMITED TO DAYLIGHT ONLY		7 - OTHER DISTRACTION INSIDE THE VEHICLE			3 - URINE 4 - BREATH				
SAFETY EQUIPMENT OF TRUCK CAB			4-NOTAFFE	IUADLE	N-IANACK			11 - LIMITED TO EMP				5 - OTHER						
1 - NONE USED 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING INSTERIS 1)			RAPPED R-THREE-WHEEL MOTORCYCLE 12-L			12 - LIMITED – OTHER 13 - MECHANICAL DEVICES			9 - OTHER / UNKNOWN		DRUG TEST TYPE							
3 - LAP BELT ONLY USED		PICK-UP WITH CAP)	E EXTRICATED DI			S-SCHOOL BUS (SPECIAL BRAKE			S, HAND			1 - NONE						
4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM -		12 - PASSENGER IN UNENCLOSED CARGO AREA	CAL MEANS  X - TANKER / HAZMAT			CONTROLS, OR OTHER ADAPTIVE DEVICES)		1 - APPARENTLY NORMAL			2 - BLOOD 3 - URINE							
FORWARD FAI	CING	13 - TRAILING UNIT	3 - FREED BY NON-MECH	HANICAL ME.	L MEANS GENDER			14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT		2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED,		4 - OTHER						
6 - CHILD RESTR REAR FACING		14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		F - FEMALE			AIR BRAKES		ANGRY, DISTURBED)		DRUG TEST RESULT(S)							
7 - BOOSTER SEA		15 - NON-MOTORIST		M - MALE U - OTHER / UNKNOWN			16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		1 - AMPHETAMINES 2 - BARBITURATES							
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER/ UNKNOWN							18 - OTHER		FATI	GUED, ETC.			ODIAZEPINE:	S		
9 - PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)											OF N	ERTHE INFLUE EDICATIONS / D			NABINOIDS			
10 - REFLECTIVE												OHOL ER/UNKNOWN		5 - COCA 6 - OPIA	INE TES/OPIOIDS			
/ BICYCLE ON	LY													7 - OTHE	R			
77 - UI HEK / UNK	OWN													8 - NEGA	ATIVE RESULT	S		

U	of Publi	LIC SAFETY U	CCUPANT /	WITNE	SS ADDENDUI	VI		19-2	2,281	ORT NUMBER	i i	1 1				
	UNIT # NAME: LAST, FIRST, MIDDLE SCHNEIDER, LINDA JEAN								DATE OF BIRTH AGE 10021939 79							
UPANT	ADDRESS: STREET, CITY, STATE, ZIP  1734 CARRIAGE HILL ST MASSILLON OH 44646								CONTACT PHONE - INCLUDE AREA CODE							
000	INJURIES	INJURED	EMS AGENCY (NAME)	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED												
	_5_								03	1		L				
	UNIT#	NAME: LAS	T, FIRST, MIDDLE	DAT	E OF BIRTH		AGE	GENDER								
OCCUPANT	ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA CO	DE		-				
000	INJURIES	INJURED EMS AGENCY (NAME) TAKEN			INJURED TAKEN TO: MEDICAL FAC	TLITY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGI	EJECTION	TRAPPED				
	UNIT#	ВУ	T. FIRST, MIDDLE					MC HELMET	E OF DIDTH		ACE	CENDED				
	UNIT#	NAME: CAS	I, FIRSI, MIDDLE					DATE OF BIRTH AGE GENDER								
OCCUPANT	ADDRESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE								
220	INJURIES INJURED EMS AGENCY (NAME) TAKEN BY				INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
	UNIT#								E OF BIRTH		AGE	GENDER				
ANT	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE							
CCUPAN	PROPERTY OF IT, STATE, AIF								INCLUDE AREA OF							
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FAC	ILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED				
			RIES		EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	SAGE					
	1 - FATAL 1 - NONE USED 2 - SUSPECTED SERIOUS INJURY 1 - NONE USED VEHICLE OF						T – LEFT SIDE ORCYCLE DRIV	ER)	1 - NOT DE 2 - DEPLOY		т					
1000	4 - POSSIBLE INJURY  3 - LAP BEL  4 - SHOULDE				3 - FRUNI - KIGHI SIDE						OYED SIDE					
					ER & LAP BELT USED		ND – LEFT SIDE ORCYCLE PASS	District the same of the same	YED BOTH							
100					STRAINT SYSTEM -	5 - SECO	ND - MIDDLE		5 - NOT APPLICABLE							
	INJURED TAKEN BY FORWAR  1 - NOT TRANSPORTED 6 - CHILD R				STRAINT SYSTEM -		ND – RIGHT SID D – LEFT SIDE	)E	9 - DEPLOY	DEPLOYMENT UNKNOWN						
	/TREATED AT SCENE REAR F			REAR FAC			ORCYCLE SIDE D – MIDDLE	CAR)			ECTION					
	2 - EMS 7 - B00STE 3 - POLICE 8 - HELME			8 - HELMET		9 - THIRI	- RIGHT SIDE		1 - NOT EJECTED  2 - PARTIALLY EJECTED							
	9 - OTHER / UNKNOWN 9 - PROTECT				IVE PADS USED		PER SECTION O ENGER IN OTHE		3 - TOTALL	Y EJECTED						
	GENDER				KNEES, ETC.) IVE CLOTHING		O AREA (NON-TR ICK-UP WITH CAP		4 - NOT AP	PLICABLE		AGE GENDER  EJECTION TRAPPET  AGE  EJECTION TRAPPET  AGE  CHANICAL  HANICAL  AGE  GENDER				
	F-FEMALE 11-LIGHTIN				- PEDESTRIAN		ENGER IN UNEI	NCLOSED	1 - NOT TRA	TRAPPI	ED					
	U - OTHER / UNKNOWN 99 - OTHER /					13 - TRAIL	ING UNIT	EVTERIOR	2 - EXTRIC		ECHANIC	CAL				
							TRAILING UNIT)	EXTERIOR	MEANS 3 - FREED BY NON-MECHANICAL MEANS							
	NAME: LAS	T, FIRST, MIDDL	.E			99 - OTHE	R / UNKNOWN	DATI	E OF BIRTH		AGE	GENDER				
WITNESS	ADDOCCC	OTREET ALTH														
M	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
SS	NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER								
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								
SS	NAME: LAST, FIRST, MIDDLE							DATE	TE OF BIRTH AGE GENDER							
WITNESS	ADDRESS: STREET, CITY, STATE, ZIP							CONTACT PHONE - INCLUDE AREA CODE								